

QRB TRANSMITTAL/CHECKLIST

SOLDIER'S LAST NAME, FIRST NAME, MI **SSN**

<u>SOLDIER</u>	<u>ITEM</u>	<u>PSNCO</u>	<u>INITIALS</u>
	This checklist (scanned in electronic packet)		
	Photograph (digitally scanned or in iPERMs)		
	JFHQ-NC Form 600-209 (scanned in electronic packet)		
	JFHQ-NC Form 600-208 (scanned in electronic packet)		
	DA FORM 705 in iPERMs		
	DA Form 5500-R/5501-R in iPERMs (if applicable)		
	IMR (scanned in electronic packet)		
	DA Form 3349 in iPERMs (if applicable)		
	DA Forms 2166-8 in iPERMs		
	DA Form 1059 in iPERMs		
	Soldier's Memo (scan non-selection response in electronic packet)		
	Self-Reporting Statement of Compliance (scan in electronic packet)		
	PQR in iPERM		
	Other (must be scanned into electronic packet)		

Remarks:

Completed by

Unit

Representative

Checked by

PSNCO

Reviewed by

Battalion CSM

Reviewed by

Brigade CSM

FIRST SERGEANT'S APPRAISAL-QRB

PART I - ADMINISTRATIVE DATA

RANK, LAST NAME, FIRST, MI _____

SOLDIER'S CURRENT MAILING ADDRESS _____

UNIT AND LOCATION _____

APPRAISAL PERIOD _____ THROUGH _____

PART II-FIRST SERGEANT'S APPRAISAL

a. Answer the following questions concerning this Soldier:

1) Is the Soldier MOSQ? Yes ☐ No ☐

2) Is the Soldier currently enrolled in military education? Yes ☐ No ☐
If yes, identify course _____

3) Is the Soldier currently enrolled in civilian education Yes ☐ No ☐
If yes, identify course _____

b. Describe Soldier's performance in current duty positions:

c. What is the Soldier's potential for future assignments?

d. Comment on the Soldier's APFT performance, height and weight, and any physical limitations or medical problems:

e. Do you recommend retention? ☐ Yes ☐ No (Initial appropriate response).
You must provide justification for your recommendation.

Name, Rank, Branch

Appraiser's Signature

Military Assignment

Date of Appraisal

FIRST SERGEANT'S APPRAISAL-ORB (Reverse)

PART III - SOLDIER DATA

- a. If AGR, numbers of Active Duty Years as of date of board. _____
If Technician, numbers of Technician Years as of date of board. _____
- b. Are you currently undergoing any Medical Boards? _____
- c. I have (reviewed) ☐ (declined to review) ☐ QRB Board File which includes my electronic packet and my iPERMS file.
- d. It is complete ☐ It is missing the following ☐:

Plan to fix missing items before packet submission to G1 Automated Boards.
(Required if Soldier indicated any missing documentation)

- e. I have reviewed my 1SG's comments. I offer the following information or comments for the board (Enter comments or the word "NONE"):

- f. My signature below signifies that I understand all information in Items I through II above and my 1SG has briefed me on his/her appraisal.

Date Signed

Soldier's Signature